T APPLICATI

DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number 09/937802

CLAIMS AS FILED - PART I										-	- 0	V C
				(Column 1) (Column 2)				SMALI TYPE	L ENTITY			IER THAN
4 CLAIMS								RAT		-	R SMA	LL ENTITY
			NUMB	NUMBER FILED		NUMBER EXTRA		BASIC			RATI	FEE
STAL CHARGEABLE CLAIMS				9 minus 20= *		MOLITEATIA			ree	0	R BASIC F	EE (DO)
INDEPENDENT CLAIMS				\ minus 3 = *			1	X\$ 9=		Q	R X\$18	=
M	IULTIPLE DEP	ENDENT CLAIM	PRESENT	7711103.0 =			-	X40=	=	OI	R X80=	
*	If the difference	ce in column 1	is less than	less than zero, enter "0" in colur				+135	=	OF	+270=	278
								TOTA	L	OF	R TOTAL	
		(Column 1	AMEND	MENDED - PART II				•				RTHAN
4		CLAIMS	No. of the last of	(Column 2) (Column 3) HIGHEST				SMAL	L ENTITY	OF	SMAL	LENTITY
ENDMENT	Tatal	REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI TIONA FEE		RATE	ADDI- TIONAL
AMENE	Total Independent	8	Minus Minus	1 2	0_	=		X\$ 9=	Committee of the second	OR	X\$18=	FEE
A		ENTATION OF N		EPENDENT (SLAIM]=		X40=	and the same of th	OR	Voo	en e
								+135=	Patholicans de la principa de la contractica del la contractica del la contractica de la contractica d	OR	+270=	
						·	L.	ATOTA		OR	TOTAL	
·	Marie and a series of the Common	(Column 1)	VVIII	(Column		(Column 3)		ODIT. FE		-1	ADDIT. FEE	
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total	. 8	Minus	20)	=		X\$ 9=	FEE	-	The second of th	FEE
AMA	Independent	* /	Minus	*** 3		=	-		on the state of th	OR"	X\$18=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT CI	LAIM		L	X40=	t electricity of the second	OR	X80=	
							THE LABORATE STREET	+135=		OR	+270=	
		/O-1				Secretaria de la constitución de	ΑĊ	TOTAL DIT. FEE		OR A	TOTAL ADDIT, FEE	
	Constitution and the factor for such	(Column 1) CLAIMS	The same of	(Column HIGHEST		(Column 3)			**************************************			
		REMAINING AFTER AMENDMENT		NUMBER PREVIOUS PAID FOR	LY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
_	otal	*	Minus	**		=		X\$ 9=			VALO	FEE
·	ndependent	*	Minus	***		=				OR	X\$18=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								X40=		OR	X80=	
If t	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							135=	· · · · · · · · · · · · · · · · · · ·	OR	+270=	
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE TOTAL ADDIT. FEE TOTAL ADDIT. FEE TOTAL ADDIT. FEE												
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